

ADVANCED PRACTITIONER OF NURSING (APN)  
INFORMATION AND CHECKLIST - DISPENSE

This application cannot be returned by fax or email.  
We must have an original signature(s) and fee to process.

Download application and mail to the address on the top of the application with the required \$300.00 fee. The fee is payable by money order or cashier's check only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to : **Nevada State Board of Pharmacy**

**Before calling with questions, please read all information carefully.**

You must be required to have either a prescribing registration or controlled substance registration with the pharmacy board to obtain a dispensing license.

Upon receipt of the completed application and fee, you will be provided a Nevada law book for study for the dispensing examination. The exam is taken with the Nevada State Board of Nursing.

You must have dispensing and prescribing privileges with the Nevada nursing board to receive dispensing and prescribing privileges from the Pharmacy Board

The Nevada State Board of Nursing will notify us when you have taken and passed the exam. Upon this notification, a dispensing license can be issued.

If your dispensing address changes, you will be required to submit a new application before moving and pay the \$300.00 fee. The new location will require an inspection. You will not be required to retake the dispensing exam.

All registrations expired October 31, of the even numbered years, no matter when the license is issued. If you have any questions, please feel free to contact the Reno office at 775/850-1440..

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

**APPLICATION FOR ADVANCED PRACTITIONER OF NURSING • DISPENSE****You must have current pharmacy board registration to submit this application.****REGISTRATION FEE: \$300.00** (non-refundable **money order or cashier's check only, no cash**)

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Board of Nursing APN Certificate #: \_\_\_\_\_ Pharmacy Board #: \_\_\_\_\_

**PRACTICING LOCATION**

Practice Name (if any): \_\_\_\_\_

Physical Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_









Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SUPERVISING PHYSICIAN – Please Print**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Physical

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

						Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?</b> .....  							
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....  							
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....  							
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....  							
If you marked <b>YES</b> to any of the numbered questions (1-3) above, include the following information & <b>provide documentation</b> :							
Board Administrative Action:		State	Date:	Case #:			
			/ /				
Criminal Action:	State	Date:	Case #:	County	Court		
		/ /					

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

\_\_\_\_\_  
Original Signature of APN, no copies or stamps accepted\_\_\_\_\_  
Date\_\_\_\_\_  
Original Signature of Supervising Physician, no copies or stamps accepted\_\_\_\_\_  
Date Board Use Only

Received \_\_\_\_\_ Amount \_\_\_\_\_ Entity: \_\_\_\_\_